

DECLARATION
(For New Applicants or Change in Address Only)

I, _____, declare as follows:

1. I am an applicant for a Farm Labor Contractor's license in the State of California.
2. My business address is _____, _____
(Street Address) (City)

California _____.
(Zip Code)
3. My home address is _____, _____,
(Street Address) (City)

California, _____.
(Zip Code)
4. Mailing Address (if different from home address)_____.
(P.O. Box) (City)

California,_____
(Zip Code)
5. I understand that as a condition of being licensed as a Farm Labor Contractor by the Labor Commissioner of the State of California, it is my responsibility to keep the Commissioner informed of any change in my address.
6. I also consent to the designation of the Labor Commissioner by an appropriate civil court as my agent to accept service of summons in any action against me relating to my activities as a licensed Farm Labor Contractor in the event that I have left the jurisdiction in which the action is commenced or have otherwise become unavailable to accept service.
7. I declare under penalty of perjury that the foregoing is true and correct.

Executed at _____ on _____.
(City) (Date)

(Signature)

(Print Name)